INDEPENDENT AUDITOR'S REPORT FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

YEARS ENDED JUNE 30, 2010 AND 2009

Contents

	Page
OFFICIALS	1
INDEPENDENT AUDITOR'S REPORT	2
FINANCIAL STATEMENTS:	
Balance Sheets	3
Statements of Activities and Changes in Net Assets	4
Statements of Cash Flows	5
Notes to Financial Statements	7
SUPPLEMENTARY INFORMATION:	
Schedules Supporting Statements of Activities:	
Service revenue - client fees	12
Operating expenses	13
Schedule of gross charges and adjustments for client services	14
Clients served - distribution by county	15
COMMENTS AND RECOMMENDATIONS:	
Independent Auditor's Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards	16
Schedule of Findings	18
	10

SOUTHWEST IOWA MENTAL HEALTH CENTER Officials June 30, 2010

Board of Directors:	Address	Term Expires
Julie Gade, President	Atlantic, Iowa	September, 2011
Maynard Hansen, Vice-President	Wiota, Iowa	September, 2012
Mary Jo Blunk, Secretary-Treasurer	Atlantic, Iowa	September, 2010
Dawn Ridlen	Griswold, Iowa	September, 2012
Dave Dunfee	Atlantic, Iowa	September, 2010
Ned Brown	Atlantic, Iowa	September, 2011
Donna Rourick (Resigned April, 2010)	Atlantic, Iowa	
Marie Rourick (Appointed June, 2010)	Wiota, Iowa	September, 2011
Executive Director:		
John Bigelow	Atlantic, Iowa	

Gronewold, Bell, Kyhnn & Co. P.C. CERTIFIED PUBLIC ACCOUNTANTS • BUSINESS AND FINANCIAL CONSULTANTS

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MARK D. KYHNN DAVID L. HANNASCH KENNETH P. TEGELS CHRISTOPHER J. NELSON DAVID A. GINTHER

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors Southwest Iowa Mental Health Center Atlantic, Iowa

We have audited the accompanying balance sheets of Southwest Iowa Mental Health Center as of June 30, 2010 and 2009, and the related statements of activities and changes in net assets, and cash flows for the years then ended. These financial statements are the responsibility of the Center's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

As indicated in Note D, the Center's continued existence is dependent on cooperation of a related entity. Should the cooperation be discontinued, it would have a significant impact on the Center's financial position and cash flows.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Southwest Iowa Mental Health Center as of June 30, 2010 and 2009, and the results of its operations, changes in net assets, and cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with <u>Government Auditing Standards</u>, we have also issued our report dated November 5, 2010 on our consideration of Southwest Iowa Mental Health Center's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with <u>Government Auditing Standards</u> and should be considered in assessing the results of our audit.

Our audits were made for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplementary information (shown on pages 12 through 15) is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in our audits of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Craneworld, Beh, Kyhnn & G. P. C.

Atlantic, Iowa November 5, 2010

SOUTHWEST IOWA MENTAL HEALTH CENTER Balance Sheets June 30,

ASSETS

	2010		2009	
Current Assets: Cash Client receivables, less allowances for doubtful accounts and contractual	\$	144,792	\$	143,502
adjustments (\$160,000 in 2010 and \$210,000 in 2009) Other receivables Estimated third-party payor settlements Prepaid expense Total current assets		89,175 43,362 405,000 665 682,994		113,038 37,126 421,316 943 715,925
Property and Equipment, Net		63,952		52,375
Construction in Progress	***************************************			1,154
Total assets	<u>\$</u>	746,946	\$	769,454
LIABILITIES AND NET AS	<u>SETS</u>			
Current Liabilities: Accounts payable Accrued employee compensation Deferred revenue	\$	1,543 51,046	\$	1,825 47,566 846
Due to Cass County Memorial Hospital Total current liabilities		585,068 637,657		609,928 660,165
Net Assets: Unrestricted	-	109,289		109,289
Total liabilities and net assets	\$	746,946	<u>\$</u>	769,454

The accompanying notes are an integral part of these statements.

SOUTHWEST IOWA MENTAL HEALTH CENTER Statements of Activities and Changes in Net Assets Year ended June 30,

		2010	2009	
Changes in Unrestricted Net Assets:				
Support and Revenue:				
Support:	ф	40.250	Φ	07.000
Support from Cass County, Iowa Hospital tax revenue	\$	49,250	\$	97,008
Total support		71,008 120,258		60,618 157,626
Total support		120,236		137,020
Revenue:				
Client fees, net		950,469		1,165,538
Contracted services from Hospital		295,302		209,779
Other revenue		2,202		2,795
Total revenue		1,247,973		1,378,112
				<u> </u>
Total Support and Revenue		1,368,231		1,535,738
Expenses:				
Staff salaries and benefits		422,807		404,393
Contracted staff and benefits		919,925		820,729
Other expenses		98,651		93,781
Provision for depreciation		12,432		13,981
Total expenses	-	1,453,815		1,332,884
1 otal emperiors		1,100,010		1,002,001
Operating Income (Loss)	(85,584)		202,854
Other Support and Gains (Reductions):				
Hospital deficit funding (refunding)		82,266	(204,242)
Interest income		222	(234
Grant income		3,096		1,154
Other support and gains (reductions), net		85,584	(202,854)
	***************************************	33,33.		
Increase in Unrestricted Net Assets				
Net Assets, Beginning of Year		109,289		109,289
Net Assets, End of Year	\$	109,289	\$	109,289
•				

The accompanying notes are an integral part of these statements.

SOUTHWEST IOWA MENTAL HEALTH CENTER Statements of Cash Flows Year ended June 30,

	-	2010		2009
Cash flows from operating activities: Cash received from clients, third party payors, contracting agencies, and public support Cash paid to suppliers and employees Investment income Grant received Cash received for hospital support Net cash provided by operating activities	\$ (1,331,166 1,244,407) 222 2,250 50,000 139,231	\$ (1,252,035 1,117,992) 234 2,000 136,277
Cash flows from investing activities: Capital expenditures	(22,855)	(10,314)
Cash flows from financing activities: Hospital operating cash funding Payments to Hospital Net cash used in financing activities		115,086) 115,086)		70,000 109,074) 39,074)
Net increase in cash		1,290		86,889
Cash beginning of year		143,502		56,613
Cash end of year	<u>\$</u>	144,792	\$	143,502

(continued next page)

SOUTHWEST IOWA MENTAL HEALTH CENTER Statements of Cash Flows - Continued Year ended June 30,

	2010			2009
Reconciliation of change in net assets to net cash provided by operating activities: Change in net assets Adjustments to reconcile change in net assets to	\$		\$	
net cash provided by operating activities Depreciation		12,432		13,981
Change in assets and liabilities Accounts receivable		17,627	(16,769)
Estimated third-party payor settlements Prepaid expense	,	16,316 278	(206,316) 35)
Accounts payable Accrued employee compensation Deferred revenue	(282) 3,480 846)	(130) 8,776) 846
Due to Cass County Memorial Hospital Total adjustments		90,226 139,231		353,476 136,277
Net cash provided by operating activities	<u>\$</u>	139,231	<u>\$</u>	136,277

Non-Cash Transactions:

The Center also incurred the following non-cash transactions in addition to the transactions reflected in the reconciliation of change in net assets to net cash provided by operating activities:

	2010	2009
Non-cash support from Hospital	\$ 71,008	<u>\$ 60,618</u>

The accompanying notes are an integral part of these statements.

Notes to Financial Statements June 30, 2010 and 2009

NOTE A - NATURE OF ACTIVITIES AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1. Nature of Activities

The Southwest Iowa Mental Health Center is an Iowa not-for-profit corporation operating under Chapter 230A of the Code of Iowa and is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. The Center is established to provide a comprehensive community mental health program for the diagnosis and treatment of psychiatric and psychological disorders and to promote the prevention of mental illness. The Board of Directors serve three year terms and are selected by the existing Board.

The Organization received \$406,863 of revenue from Cass County in 2010 (\$333,235 in 2009). In addition, the Center received a significant portion of its revenue through an agreement with Cass County Memorial Hospital as indicated in Note D.

2. Basis of Accounting and Presentation

The accompanying financial statements have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America. Revenues are recognized when earned and expenses are recorded when the liability is incurred. Revenues are reported as increases in unrestricted net assets unless use of the related assets is limited by donor-imposed restrictions. Expenses are reported as decreases in unrestricted net assets. Gains and losses on investments and other assets or liabilities are reported as increases or decreases in unrestricted net assets unless their use is restricted by explicit donor stipulation or by law.

3. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

4. Client Receivables

Client receivables are shown at the amount expected to be collected from clients and other third-party payors. The allowance for doubtful accounts is based on an aging of all the individual client balances. The allowance for contractual adjustments is based on the difference between the Center's normal fees and expected program payments.

Notes to Financial Statements June 30, 2010 and 2009

NOTE A - NATURE OF ACTIVITIES AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

5. Property and Equipment

Property and equipment is stated at cost. The Center computes depreciation on buildings, equipment, land improvements and vehicles using the straight-line method. Lives range from twenty-five to forty years for land improvements and buildings, five to ten years for equipment and three years for vehicles.

6. Support and Revenue

- a. Fees from clients are recorded at list price with adjustments based upon ability to pay and government program limitations deducted to arrive at net fees from clients.
- b. Support from Cass County includes a predetermined amount based on the Center's annual budget.
- c. Grant revenues are for specific programs provided by the Center and are recognized as income when grant requirements have been satisfied.

7. Charity Care

The Center provides care to clients who meet certain criteria under its charity care policy at amounts less than its regular rates. Revenue from services to these clients is recorded as indicated in 6. above. These reductions are recorded as adjustments to fees from clients.

8. Cash and Cash Equivalents

For purposes of the statement of cash flows, the Center considers all highly liquid debt instruments purchased with a maturity of three months or less to be cash equivalents, including amounts limited as to use.

NOTE B - THIRD-PARTY PAYOR ARRANGEMENTS

A summary of the payment arrangements with major third-party payors follows:

Medicaid - Certain services are paid based on a cost reimbursement methodology. The Center is reimbursed for the cost of services at a tentative rate with final settlement determined after submission of annual cost reports by the Center and audits thereof by the fiscal intermediary. The Center's Medicaid cost reports have been audited and finalized by the fiscal intermediaries through June 30, 2009. Finalized cost reports are subject to reopening by the intermediary.

The Center also has entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the Center under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

Notes to Financial Statements June 30, 2010 and 2009

NOTE C - PROPERTY AND EQUIPMENT

The cost and related accumulated depreciation by major category at June 30 are as follows:

	2010			2009
Land Land Improvements	\$	1,689 59,948	\$	1,689 56,998
Buildings		153,323		142,782
Furniture and Equipment		84,877 299,837		105,888 307,357
Less Accumulated Depreciation		235,885)		254,982)
	\$	63,952	\$	52,375

NOTE D - COMMITMENT, RELATED PARTY, AND ECONOMIC DEPENDENCY

The Center participates in a sharing agreement with Cass County Memorial Hospital, pursuant to Chapter 28E of the Iowa Code, to deliver mental health services in the area. Under the agreement, the Mental Health Center purchases all non-physician services necessary for the Center's operations from the Hospital. Tax funds collected by the Hospital for a portion of the cost of the Center's non-physician personnel result in credits of \$71,008 at June 30, 2010 (\$60,618 at June 30, 2009) being passed through to the Center. These credits are recorded as Hospital support on the Statements of Activities and Changes in Net Assets. These credits represent non-cash transactions for purposes of the Statements of Cash Flows. The Hospital purchases all mental health physician services necessary for its inpatient operation from the Center.

During the year ended June 30, 2010, the Center received additional operating cash of \$50,000 (\$70,000 for 2009) from the Hospital to fund the operations of the Center. At June 30, 2010, the Center had a net loss of \$82,266 (net income of \$204,242 at June 30, 2009) without the Hospital's funding which was recorded as Hospital deficit funding (refunding) on the Statement of Activities and Changes in Net Assets. Any unused operating cash or additional deficit funding is included in or reduced from the amount owed by the Center to the Hospital.

The Center incurred losses each year between 1995 and 2007 and 2010. In each of the years the Hospital funded the losses of the Center. A new cost-based Medicaid reimbursement program has enabled the Center to refund part of the previous funding back to the Hospital in the amount of \$ - 0 - for the year ended June 30, 2010 (\$204,242 for 2009). The survival of the Center remains dependent on its ability to generate profits in the future years, and the cooperation of Cass County Memorial Hospital. Should the Hospital decide to discontinue its support, the Center's survival would be in serious doubt.

Notes to Financial Statements June 30, 2010 and 2009

NOTE D - COMMITMENT, RELATED PARTY, AND ECONOMIC DEPENDENCY - Continued

Below is a summary of the activity and year end amounts due under the agreement with the Hospital:

	June 30,			
	2010	2009		
Mental Health Center revenue from Hospital for physicians	\$ 295,302	\$ 209,779		
Support and net deficit funding (refunding)	<u>\$ 153,274</u>	<u>\$(143,624</u>)		
Mental Health Center expense for personnel costs	\$ 910,859	\$ 807,851		
Mental Health Center expense for insurance	<u>\$ 10,666</u>	<u>\$ 12,878</u>		
Owed by Mental Health Center to Hospital	\$ 585,068	\$ 609,928		

The financial arrangements for the 2010-2011 year are based on the budgeted needs of each entity. The Hospital has agreed to pay the Mental Health Center approximately \$336,500 for physician services and deficit funding; and, the Center agreed to pay the Hospital approximately \$830,600 for non-physician services. Future financial arrangements will be determined annually based on a review of actual operations and needs.

NOTE E - FUNCTIONAL EXPENSES

Following is a summary of expenses classified by function:

	2010			2009		
Client Services Management and General	\$	1,374,548 79,267	\$	1,272,864 60,020		
	<u>\$</u>	1,453,815	\$	1,332,884		

Notes to Financial Statements June 30, 2010 and 2009

NOTE F - PENSION AND RETIREMENT BENEFITS

The Center contributes to the Iowa Public Employees Retirement System (IPERS) which is a cost-sharing multiple-employer defined benefit pension plan administered by the State of Iowa. IPERS provides retirement and death benefits which are established by State statute to plan members and beneficiaries. IPERS issues a publicly available financial report that includes financial statements and required supplementary information. The report may be obtained by writing to IPERS, P.O. Box 9117, Des Moines, Iowa 50306-9117.

Plan members are required to contribute 4.30% (4.50% beginning July 1, 2010) of their annual salary and the Center is required to contribute 6.65% (6.95% beginning July 1, 2010) of annual covered payroll. Contribution requirements are established by State statute. The Center's contributions to IPERS for the years ended June 30, 2010, 2009, and 2008 were approximately \$20,400, \$18,800, and \$17,300 respectively, equal to the required contributions for each year.

NOTE G - CONTINGENCIES

Risk Management

The Center is insured by a claims-made policy for protection against liability claims resulting from professional services provided or which should have been provided. Management believes that the malpractice insurance coverage is adequate to cover all asserted and any unasserted claims, therefore no related liability has been accrued. Southwest Iowa Mental Health Center is exposed to various other common business risks for which it is covered by commercial insurance. Settled claims from these risks have not exceeded insurance coverage for the past three years.

Subsequent Events

The Center has evaluated all subsequent events through November 5, 2010, the date the financial statements were available to be issued.

NOTE H - CONCENTRATION OF CREDIT RISK

The Center grants credit without collateral to its clients, most of whom are area residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors at June 30, 2010 and 2009, was as follows:

	2010	2009
Medicare	8%	5%
Medicaid	9	8
Other third-party payors	49	63
Patients	34	24
	100%	100%



SOUTHWEST IOWA MENTAL HEALTH CENTER Service Revenue - Client Fees Year ended June 30,

		2010					2009
		Gross	_Ad	justments		Net	Net
Self Pay	\$		\$		\$		\$ 1,988
3rd Party Insurance		559,123		232,398		326,725	305,398
Medicare		166,272		94,582		71,690	52,782
Title XIX		408,533		75,090		333,443	602,919
Employee and Student							
Assistance Programs		117				117	1,368
Case Management		211,328				211,328	185,205
*Others		9,260		2,094		7,166	 15,878
	<u>\$</u>	1,354,633	\$	404,164	\$	950,469	\$ 1,165,538

^{*} Includes consultation fees.

SOUTHWEST IOWA MENTAL HEALTH CENTER Operating Expenses Year ended June 30,

	2010		2009	
Program and Administrative Service				
Expenses:	_	246055	4	222 (12
Professional staff salaries	\$	346,877	\$	332,613
Retirement benefits		75,001		66,970
Other employee benefits		205,744		180,242
Contracted support staff		226,731		234,382
Contracted professional staff		488,379		410,915
Professional fees		13,187		12,456
Operating supplies		19,178		15,248
Telephone		4,610		4,401
Postage		4,115		3,605
Utilities		5,891		5,747
Repairs and maintenance		24,595		27,586
Business insurance		1,600		1,520
Travel reimbursement		7,687		8,347
Conferences, conventions		7,007		0,547
and meetings		3,235		2,158
Subscriptions		437		615
Organization dues		10,138		8,198
Public relations and miscellaneous		3,978		3,900
		1,441,383		1,318,903
Provision for Depreciation		12,432		13,981
Total Operating Expenses	\$	1,453,815	<u>\$</u>	1,332,884

SOUTHWEST IOWA MENTAL HEALTH CENTER Schedule of Gross Charges and Adjustments for Client Services Year ended June 30, 2010

Client accounts receivable July 1, 2009			\$	323,038
Gross charges for client services	\$	1,354,633		
Adjustments to client fees Decrease in allowance for doubtful accounts and contractual adjustments Increase in cost report settlements Total adjustments on client fees	(50,000 185,000 404,164)		
Net charges for client services				950,469
Less: Payments received for client services			_(_	1,024,332)
Client accounts receivable June 30, 2010			\$	249,175

SOUTHWEST IOWA MENTAL HEALTH CENTER Clients Served - Distribution by County Year ended June 30,

County	2010	2009	2008	2007
Cass Audubon Shelby Montgomery Pottawattamie Other	670 110 78 52 69 171 1,150	733 148 101 56 82 162 1,282	745 140 80 52 83 158	618 146 77 77 119 306
Year Ended June 30,	2010	2009	2008	2007
Center operating expense per client served:	<u>\$ 1,264</u>	\$ 1,040	<u>\$ 1,016</u>	<u>\$ 942</u>
Net fees from clients per client served:	<u>\$ 826</u>	<u>\$ 909</u>	<u>\$ 771</u>	<u>\$ 476</u>



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Independent Auditor's Report on Internal Control over Financial Reporting
and on Compliance and Other Matters

Based on an Audit of Financial Statements Performed in Accordance with
Government Auditing Standards

To the Board of Directors Southwest Iowa Mental Health Center Atlantic, Iowa

We have audited the financial statements of Southwest Iowa Mental Health Center as of and for the year ended June 30, 2010, and have issued our report thereon dated November 5, 2010. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States.

Internal Control Over Financial Reporting

In planning and performing our audit, we considered Southwest Iowa Mental Health Center's internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing our opinion on the effectiveness of Southwest Iowa Mental Health Center's internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the Center's internal control over financial reporting.

Our consideration of internal control over financial reporting was for the limited purpose described in the preceding paragraph and would not necessarily identify all deficiencies in internal control over financial reporting that might be significant deficiencies or material weaknesses, and, therefore, there can be no assurance all deficiencies, significant deficiencies, or material weaknesses have been identified. However, as described in the accompanying Schedule of Findings, we identified certain deficiencies in internal control over financial reporting that we consider to be significant deficiencies.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect and correct misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility a material misstatement of the Center's financial statements will not be prevented or detected and corrected on a timely basis.

To the Board of Directors Southwest Iowa Mental Health Center

A significant deficiency is a deficiency or combination of deficiencies in internal control which is less severe than a material weakness, yet important enough to merit attention by those charged with governance. We consider the deficiency described in Part I of the accompanying Schedule of Findings as item 10-I-A to be a significant deficiency.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Southwest Iowa Mental Health Center's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, non-compliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of non-compliance or other matters that are required to be reported under <u>Government Auditing Standards</u>.

Southwest Iowa Mental Health Center's response to the finding identified in our audit is described in the accompanying Schedule of Findings. While we have expressed our conclusion on the Center's response, we did not audit the Center's response and, accordingly, we express no opinion on it.

This report, a public record by law, is intended solely for the information and use of the officials, employees and constituents of Southwest Iowa Mental Health Center and other parties to whom the Center may report, including federal awarding agencies and pass-through entities. This report is not intended to be and should not be used by anyone other than these specified parties.

sanword Poh, Kyhny 6. C.

Atlantic, Iowa November 5, 2010

SOUTHWEST IOWA MENTAL HEALTH CENTER Schedule of Findings Year ended June 30, 2010

PART I - SIGNIFICANT DEFICIENCIES

<u>10-I-A Segregation of Duties</u>: A limited number of people have the primary responsibility for most of the accounting and financial duties. As a result, some of those aspects of internal accounting control which rely upon an adequate segregation of duties are, for all practical purposes, missing in the Center. This deficiency is common among most small organizations.

<u>Recommendation</u>: We recognize that it may not be economically feasible for the Center to contract or employ additional personnel for the sole purpose of segregating duties, however, it is our professional responsibility to bring this control deficiency to your attention. We recommend that the Board be aware of the lack of segregation of duties and that they act as an oversight group to the accounting personnel.

<u>Response</u>: The Board is aware of this lack of segregation of duties, but it is not economically feasible for the Center to contract or employ additional personnel for this reason. The Board will continue to act as an oversight group.

Conclusion: Response accepted.

* * *